

For birth to three months, meals and snacks of breast milk or IFIF may be claimed, regardless of who supplies the formula. If a mother comes to the child care center and breast feeds her infant, these meals cannot be claimed for reimbursement because the center has not incurred a cost or has not rendered a "service."

GREATER THAN THREE INFANT MEAL RECORD*

4 through 7 months

Infant Name: _____ **Birth Date:** _____ **Age:** _____ Months
(Use one sheet per infant)

(Check below):

Check: ☐ Breast milk or ☐ iron-fortified infant formula (brand: _____) ☐ center/☐ parent provided)

Check or circle items served, and record amounts and specific fruit/veg offered.

Indicate parent provided items with a * next to item.

****All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready to consume these foods.**

*****When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement.**

| Date | Breakfast | AM Snack | Lunch | PM Snack | Supper | Add Snack |
|--------------------|---|---|--|---|--|---|
| | 4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) <u>When developmentally ready:</u> 0-3 Tbsp. iron-fortified infant cereal (IFIC) | 4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF) | 4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) <u>When developmentally ready:</u> 0-3 Tbsp. iron-fortified infant cereal (IFIC) 0-3 Tbsp. fruit/vegetable | 4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF) | 4 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) <u>When developmentally ready:</u> 0-3 Tbsp. iron-fortified infant cereal (IFIC) 0-3 Tbsp. fruit/vegetable | 4 - 6 fluid oz breast milk or iron-fortified infant formula (IFIF) |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| | ____ oz. IFIF/breast milk ____ T. IFIC | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk |
| Meal Totals | | | | | | |

* A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.

GREATER THAN THREE INFANT MEAL RECORD*

8 months through 11 months

Infant Name: _____ Birth Date: _____ Age: _____ Months
(Use one sheet per infant)

(Check below):

Check: ☐ Breast milk or ☐ iron-fortified infant formula (brand: _____) ☐ center/☐ parent provided)

Check or circle items served, and record amounts and specific fruit/veg and meat/meat alternate offered.
Indicate parent provided items with a * next to item.

****All foods must be offered to be considered a reimbursable meal/snack. Items listed under 'When developmentally ready' must be offered once the infant is developmentally ready to consume these foods.**

*****When two or more components are required to be served, the center must supply a minimum of one component for each meal/snack in order to be claimed for reimbursement.**

| Date | Breakfast | AM Snack | Lunch | PM Snack | Supper | Add Snack |
|--------------------|--|---|---|---|---|---|
| | 6 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) 2 - 4 Tbsp. iron-fortified infant cereal (IFIC) 1 - 4 Tbsp. fruit/vegetable | 2 - 4 fluid oz breast milk or iron-fortified infant formula (IFIF) or 100% full strength fruit juice <u>When developmentally ready:</u> 0-1/2 slice bread or 0-2 crackers | 6 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) 2 - 4 Tbsp. iron-fortified infant cereal (IFIC) and / or 1 - 4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or dry peas, or 1/2 - 2 oz cheese, or 1 - 4 oz cottage cheese/cheese food 1 - 4 Tbsp. fruit/vegetable | 2 - 4 fluid oz breast milk or iron-fortified infant formula (IFIF) or 100% full strength fruit juice <u>When developmentally ready:</u> 0-1/2 slice bread or 0-2 crackers | 6 - 8 fluid oz breast milk or iron-fortified infant formula (IFIF) 2 - 4 Tbsp. iron-fortified infant cereal (IFIC) and / or 1 - 4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or dry peas, or 1/2 - 2 oz cheese, or 1 - 4 oz cottage cheese/cheese food 1 - 4 Tbsp. fruit/vegetable | 2 - 4 fluid oz breast milk or iron-fortified infant formula (IFIF) or 100% full strength fruit juice <u>When developmentally ready:</u> 0-1/2 slice bread or 0-2 crackers |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| | ____ oz. IFIF/breast milk ____ T. IFIC ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice | ____ oz. IFIF/breast milk ____ T. IFIC/ meat/meat alt (_____) ____ T. Fruit/Vegetable (_____) | ____ oz. <input type="checkbox"/> IFIF <input type="checkbox"/> breast milk <input type="checkbox"/> fruit juice |
| Meal Totals | | | | | | |

* A maximum of two meals and one snack OR two snacks and one meal may be claimed per infant per day.